

KANSAS DEPARTMENT OF REVENUE
BINGO ORGANIZATION CHANGE FORM

Organization's Name
Organization's Mailing Address
Organization's License Number

Section 1: Changing the Day or Date of a Game of Bingo

Change from (day or date) _____ to (day or date) _____

This is a permanent change. Effective date of this change (mm/dd/yyyy): _____

This date and time is a temporary change. How long will this change be in effect?

One-time change The month of _____ From _____ to _____

Other _____

Section 2: Changing the Time of a Game of Bingo

Change from (indicate A.M. or P.M.) _____ to (A.M. or P.M.) _____ on (day or date) _____

This is a permanent change. Effective date of this change (mm/dd/yyyy): _____

This date and time is a temporary change. How long will this change be in effect?

One-time change The month of _____ From _____ to _____

Other _____

Section 3: Changing the Location Address of a Game of Bingo

Change the location address from _____
to _____

If this is a leased premises, provide the Bingo Premises Registration Certificate Number: _____

This is a permanent change. Effective date of this change (mm/dd/yyyy): _____

This date and time is a temporary change. How long will this change be in effect?

One-time change The month of _____ From _____ to _____

Other _____

Vending machine(s) have been: Added Removed Effective Date: _____

If vending machines are added or removed, enter the number of vending machines: _____

Section 4: Changes to officers, directors, officials, volunteers or employees:**Check the appropriate box:** Add Remove

Name: _____ Title: _____

Daytime Phone: _____ Social Security Number: _____ Date of Birth: _____

Date Assumed Office: _____ Email Address: _____

Mailing Address: _____
Street _____ City _____ State _____ Zip _____**Check the appropriate box:** Add Remove

Name: _____ Title: _____

Daytime Phone: _____ Social Security Number: _____ Date of Birth: _____

Date Assumed Office: _____ Email Address: _____

Mailing Address: _____
Street _____ City _____ State _____ Zip _____**Check the appropriate box:** Add Remove

Name: _____ Title: _____

Daytime Phone: _____ Social Security Number: _____ Date of Birth: _____

Date Assumed Office: _____ Email Address: _____

Mailing Address: _____
Street _____ City _____ State _____ Zip _____**Check the appropriate box:** Add Remove

Name: _____ Title: _____

Daytime Phone: _____ Social Security Number: _____ Date of Birth: _____

Date Assumed Office: _____ Email Address: _____

Mailing Address: _____
Street _____ City _____ State _____ Zip _____

Has the person(s) being added been convicted of or pleaded guilty to or pleaded no contest to a violation of gambling laws of the U.S. or have forfeited bond to appear in court to answer charges for any such violation, or have been convicted or pleaded guilty or pleaded no contest to the violation of any law of this or any other state which is classified as a felony under the laws of such state? No Yes

If yes, list the name of each such person and particulars of conviction or bond forfeiture on a separate page and enclose with this form.

Under penalties of perjury, I declare that I have examined this application and to the best of my knowledge and belief it is correct and complete. I will comply with all of the provisions of the Kansas Charitable Gaming Act and the regulations adopted under such act.

Signature_____
Title_____
Printed Name_____
Daytime Phone_____
Date Signed

This form must be signed by an authorized contact as listed on the most recent application or Power of Attorney Form (DO-10).

INSTRUCTIONS

To conduct bingo games on a date, time or a different location than is currently on file, the bingo licensee must submit written notice of the change(s) to the Office of Charitable Gaming at least three days prior to the effective date of the change.

- Enter the Organization's name, mailing address, and license number as listed on your license.
- If there are no changes being made to any of the following sections, leave those sections blank.
- **Complete Section 1** if the day or date of a bingo game is being changed. Complete all fields and indicate if this is a permanent or temporary change.
- **Complete Section 2** if the time of a bingo game is being changed. Complete all fields and indicate if this is a permanent or temporary change.
- **Complete Section 3** if the location address is being changed. Complete all fields that apply and indicate if this is a permanent or temporary change. If there is a change in vending machines, check the appropriate box, enter the effective date of this change, and enter the number of vending machines being added or removed.
- **Complete Section 4** if there are changes to officers, directors, officials, volunteers or employees that need to be made. Please check the appropriate box (Add or Remove), enter the name, title, daytime phone number, social security number, date of birth, date assumed office, email address, and mailing address. If more changes need to be made to personnel than space allows, put all of the pertinent information for the additional changes on a separate sheet of paper and include that paper with this form.
- Answer yes or no as to whether the person(s) being added have been convicted of a felony. If one of them has, put all of the pertinent information about the conviction, including the name of the person(s) and the particulars on a separate piece of paper and include that paper with the application.
- Complete the signature portion. **REMINDER:** Bingo Organization Change Form (BI-10) will only be accepted if signed by an authorized contact for the organization. Authorized contacts include the presiding officer and/or contact person listed on the organization's most recent application.

GENERAL INFORMATION

- If you have questions call 785-368-8222; email kdor_bingo@ks.gov; or visit our website at: <https://ksrevenue.org/bustaxypes.html>.
- This form **MUST** be received by the Department of Revenue at least three days prior to the effective date of the change.
- This form can be faxed to 785-296-4993 or emailed to kdor_bingo@ks.gov.
- Complete this form and mail or hand deliver to:

Kansas Department of Revenue
Charitable Gaming
120 SE 10th Ave
PO Box 758573
Topeka KS 66675-8573